

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	2					
5	2					
6						
7	1					
8	1					
9						
10	1					
11						
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1					
20	0					
21						
22						
23						
24						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	32					
TOTAL CLAIMS	24					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
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97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					